

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/566648  
APPLICATION(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2					1		52						
3					1		53						
4					1		54						
5					1		55						
6					1		56						
7					1		57						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	1	↓	↓							
TOTAL DEP.			←	11	←	←							
TOTAL CLAMES				12									

BEST AVAILABLE COPY